



Civil Aviation Department
Hong Kong

Frequently Asked Questions on **CAD AOD (Alcohol and Other Drugs) Policy**

Q 1. What would be considered as a psychoactive substances related offence?

Answer 1:

A psychoactive substances related offence includes but is not limited to arrest, conviction, or any administrative action, such as attending an educational or rehabilitation programme in lieu of conviction or being given a lesser charge after being arrested.

Q 2. What is the purpose and consequence of reporting the psychoactive substances related offence during the licensing medical examination?

Answer 2:

A drug-free flying environment is just a step to protect aviation industry stakeholders' interest. If a medical certificate (MC) holder/applicant has a *psychoactive substances related offence*, he/she should be evaluated for any problematic use of psychoactive substances.

Q 3. What does the evaluation include and who is responsible for the cost?

Answer 3:

The evaluation includes any test(s) deemed necessary as required by the Approved Medical Examiner (AME) / Approved Medical Assessor (AMA) / Senior Medical Officer (Aviation Medicine)(SMO(AM) of CAD), the specialist(s) and/or psychiatrist(s) with experience on addiction medicine. The cost will be borne by the applicant.

Q 4. Who can declare a MC holder unfit?

Answer 4:

Any registered medical practitioner, can declare the MC holder unfit during the consultation with the MC holder as a result of an illness or other medical event, by issuing a sick leave certificate. The Air Navigation (Hong Kong) Order 1995 (AN(HK)O), Article 20(8)(a). and Article 68A require a licence holder not to exercise the privileges of his his/her licence if he has reason to believe he/she is unfit to do so. For unfitness other than injury and pregnancy which requires immediate notification, the notification to CAD is required as soon as a continuous period of 20 days has elapsed in accordance to the respective AIC in our CAD website.

Q 5. Any registered medical practitioner can declare MC holder unfit. How can I differentiate the roles among a GP, company doctor, AME and AMA?

Answer 5.

GP: Anyone, including a MC holder may attend a General Practitioner (GP) for any medical illness or feeling unwell. If the GP issues a sick leave certificate to the flight crew after assessment, the MC holder will adopt a sick role and will be considered medically unfit for work.

Company doctor: A company doctor is a doctor employed by or contracted to a company and provides medical care for the employees.

AME: An Approved Medical Examiner (AME) is a medical practitioner approved by the CAD to perform medical examinations and other services as an agent of the CAD. The AME will submit information to AMA for assessment.

AMA: An Approved Medical Assessor (AMA) is an AME who has been approved by the CAD to make assessments of an individual's fitness to exercise the privileges of his/her MC. A MC holder seeks AMA's view for resumption of flying duty after being declared medically unfit.

Q 6. On what condition related to drug and alcohol issues will I likely be assessed as unfit to exercise my privilege of my licence?

Answer 6:

Any MC holder is not allowed to work under the influence of any psychoactive substances, including alcohol.

Any medical certificate holder/applicant who is found to have any of the following conditions will be considered medically unfit:

- (a) A suspected or confirmed medical diagnosis of alcohol or substance use disorder,
- (b) A positive alcohol or drug test in accordance with CAD 373 or whilst on duty, or
- (c) A self-report of PPS.

The MC holder should receive further evaluations before resumption of duty under the following conditions:

- (d) Any alcohol/ or drug criminal offence charge, positive test or clinical suspicion,
- (e) Under investigation by company doctor or in compliance with company AOD policy, or
- (f) Third party notification, which, after investigation CAD reasonably believes may be true.

Q 7. Who can assess me fit to resume the privilege of my licence after treatment/rehabilitation of drug and alcohol issues?

Answer 7:

Your company doctor or AME could only make recommendation(s) to AMA or CAD. The CAD will decide when and on what conditions you can resume the privilege of your licence.

Q 8. Why should a MC holder who suffered from Problematic use of Psychoactive Substances (PPS) be subject to all sorts of monitoring, e.g. no notice test, peer monitoring, attendance of AA?

Answer 8:

Problematic use of Psychoactive Substances (PPS) is managed as a chronic illness, which is prone to relapse. All these monitoring measures help the concerned MC holder to remain in good condition to exercise their safety sensitive duties.

Q 9. Can I drink when I get back my medical certificate after completion of the in-patient rehabilitation for PPS?

Answer 9:

PPS is a chronic medical condition and predisposes the affected individual to relapse. CAD requires the medical certificate holder to abstain from all psychoactive substances including alcohol before an unrestricted medical certificate may be issued. Normally CAD will require a medical certificate holder to remain abstinent of all psychoactive substances as long as he/she wishes to exercise the privileges of his/her licence.

Q 10. Is there a CAD requirement to join in-house AOD rehabilitation programme, if it is available in my company?

Answer 10:

The in-house rehabilitation programme is to assist the MC holders to resume their safety sensitive duties early. It is offered by your employer and is voluntary in nature. The programme itself is not administered or related to CAD. Anyone who wants to join the programme should read the contract, understand the terms and discuss with your legal representative before making any decision.

Q 11. Why is the company AOD Policy different from the CAD AOD Policy?

Answer 11:

The CAD AOD policy concerns medical certification and forms the framework for the airline companies to follow. Your company's AOD policy will be decided in accordance with the company culture and operational needs.

Q 12. What is the meaning of “two years documented sobriety” or abstinence from substance use?

Answer 12:

It is a documented and traceable clinical monitoring for rehabilitation of PPS, i.e. the individual should show CAD at least two years of regular attendance to an Alcohol and Rehabilitation Programme with frequent monitoring or follow-up by specialists in psychiatry.

Q 13. If I am holding overseas medical certificates, will my drug and alcohol issues be reported to overseas authorities?

Answer 13:

Yes, if such overseas authorities requires these information for the purpose of aviation medical certification or by court order. ICAO medical standards require that a licence holder has no history or diagnosis of a medical problem due to the use of a psychoactive substance. All licensing authorities subscribe to this ICAO standard.

Q 14. Are the Full blood count (for MCV), the Liver enzymes (include Gamma-GT), the carbohydrate-deficient transferrin (CDT %), the Blood Alcohol (BAC) or breathalyzer records the only authorized tests by CAD or ICAO for the alcohol problem?

Answer 14:

No, they are only some of the tests to assist the doctor in making a diagnosis or for monitoring. The list is not exhaustive with the advance of technology. It will be the doctor's professional judgement to decide which test(s) to be used.

Q 15. Can the doctor make a diagnosis of alcohol use disorder only when the Full blood count (for MCV), the Liver enzymes (include Gamma-GT), or the Carbohydrate-deficient transferrin (CDT %) are abnormal?

Answer 15:

No, the test results assist the doctor in making a diagnosis. The doctor should confirm the diagnosis through professional judgement.

Q 16. Must the MC holder continue to mark “yes” in item (t) Alcohol/substance abuse or related problem(s) (e.g. Driving Under Influence (DUI) Offence) of DCA 153 form on all subsequent exams?

Answer 16:

Yes. If the MC applicant has reported the event to the CAD, they must continue to report it on ALL subsequent applications. This applies even when the CAD has reviewed documentation or confirmed no further monitoring or information is needed for that event. If the applicant documented the information on previous exams AND there are no new arrest(s), conviction(s), and/or administrative action(s) since the last application, the Applicant may enter “PREVIOUSLY REPORTED, NO CHANGE” in the Remarks.

The AME should verify that there have been no additional drug or alcohol events/offence(s). If any additional events have occurred, the AME shall clearly report it in the DCA 153 form.

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